

Rev. 12/09/04

| FEE TRANSMITTAL For FY 2005 <small>Patent fees are subject to annual revision</small> | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number: | 09/995,304 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT: \$225 | | Filing Date: | 11/27/2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor: | Robert H. Kraus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name: | Do, Pensee T. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group/Art Unit: | 1641 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No.: | S-94,769 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17 | | 3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee Code</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051 \$130</td><td>2051 \$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 \$50</td><td>2052 \$25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1812 \$2520</td><td>1812 \$2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1251 \$120</td><td>2251 \$60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 \$450</td><td>2252 \$225</td><td>Extension for reply within second month</td><td style="text-align: right;">225</td></tr> <tr><td>1253 \$1020</td><td>2253 \$510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 \$1590</td><td>2254 \$795</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 \$2160</td><td>2255 \$1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 \$500</td><td>2401 \$250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 \$500</td><td>2402 \$250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 \$1000</td><td>2403 \$500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1452 \$500</td><td>2452 \$250</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1814 \$110</td><td>2814 \$55</td><td>Terminal Disclaimer</td><td></td></tr> <tr><td>1453 \$1500</td><td>2453 \$750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1460 \$130</td><td>1460 \$130</td><td>Petitions to the Director</td><td></td></tr> <tr><td>1806 \$180</td><td>1806 \$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>1809 \$790</td><td>2809 \$395</td><td>Filing a submission after final rejection (37 CFR 1.129 (a))</td><td></td></tr> <tr><td>1810 \$790</td><td>2810 \$395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1811 \$100</td><td>1811 \$100</td><td>Certificate of Correction</td><td></td></tr> <tr><td>1504 \$300</td><td>1504 \$300</td><td>Publication fee for early, voluntary, or normal publication/Republication fee</td><td></td></tr> <tr><td>1801 \$790</td><td>2801 \$395</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (3)</td> <td style="text-align: right;">\$225</td> </tr> <tr> <td colspan="3">Reduced by Basic Filing Fee Paid</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL FROM 1</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL FROM 2</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL FROM 3</td> <td style="text-align: right;">\$225</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL AMOUNT OF PAYMENT (Enter total amount at top of page)</td> <td style="text-align: right;">\$225</td> </tr> </tbody> </table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | 1051 \$130 | 2051 \$65 | Surcharge - late filing fee or oath | | 1052 \$50 | 2052 \$25 | Surcharge - late provisional filing fee or cover sheet | | 1812 \$2520 | 1812 \$2520 | For filing a request for reexamination | | 1251 \$120 | 2251 \$60 | Extension for reply within first month | | 1252 \$450 | 2252 \$225 | Extension for reply within second month | 225 | 1253 \$1020 | 2253 \$510 | Extension for reply within third month | | 1254 \$1590 | 2254 \$795 | Extension for reply within fourth month | | 1255 \$2160 | 2255 \$1080 | Extension for reply within fifth month | | 1401 \$500 | 2401 \$250 | Notice of Appeal | | 1402 \$500 | 2402 \$250 | Filing a brief in support of an appeal | | 1403 \$1000 | 2403 \$500 | Request for oral hearing | | 1452 \$500 | 2452 \$250 | Petition to revive - unavoidable | | 1814 \$110 | 2814 \$55 | Terminal Disclaimer | | 1453 \$1500 | 2453 \$750 | Petition to revive - unintentional | | 1460 \$130 | 1460 \$130 | Petitions to the Director | | 1806 \$180 | 1806 \$180 | Submission of Information Disclosure Statement | | 1809 \$790 | 2809 \$395 | Filing a submission after final rejection (37 CFR 1.129 (a)) | | 1810 \$790 | 2810 \$395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 1811 \$100 | 1811 \$100 | Certificate of Correction | | 1504 \$300 | 1504 \$300 | Publication fee for early, voluntary, or normal publication/Republication fee | | 1801 \$790 | 2801 \$395 | Request for Continued Examination (RCE) | | Other fee (specify) _____ | | | | SUBTOTAL (3) | | | \$225 | Reduced by Basic Filing Fee Paid | | | | SUBTOTAL FROM 1 | | | \$0 | SUBTOTAL FROM 2 | | | \$0 | SUBTOTAL FROM 3 | | | \$225 | TOTAL AMOUNT OF PAYMENT (Enter total amount at top of page) | | | \$225 |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 \$130 | 2051 \$65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 \$50 | 2052 \$25 | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1812 \$2520 | 1812 \$2520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 \$120 | 2251 \$60 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 \$450 | 2252 \$225 | Extension for reply within second month | 225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 \$1020 | 2253 \$510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 \$1590 | 2254 \$795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 \$2160 | 2255 \$1080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 \$500 | 2401 \$250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 \$500 | 2402 \$250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 \$1000 | 2403 \$500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1452 \$500 | 2452 \$250 | Petition to revive - unavoidable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1814 \$110 | 2814 \$55 | Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1453 \$1500 | 2453 \$750 | Petition to revive - unintentional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 \$130 | 1460 \$130 | Petitions to the Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 \$180 | 1806 \$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 \$790 | 2809 \$395 | Filing a submission after final rejection (37 CFR 1.129 (a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 \$790 | 2810 \$395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1811 \$100 | 1811 \$100 | Certificate of Correction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1504 \$300 | 1504 \$300 | Publication fee for early, voluntary, or normal publication/Republication fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1801 \$790 | 2801 \$395 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | | \$225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 1 | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 2 | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL FROM 3 | | | \$225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (Enter total amount at top of page) | | | \$225 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES/APPLICATION SIZE FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1001 \$300</td><td>2001 \$150</td><td>Basic Filing fee</td><td style="text-align: right;">\$0</td></tr> <tr><td>1004 \$300</td><td>2004 \$150</td><td>Reissue Filing fee</td><td style="text-align: right;">\$</td></tr> <tr><td>1111 \$500</td><td>2111 \$250</td><td>Search Fee</td><td style="text-align: right;">\$0</td></tr> <tr><td>1311 \$200</td><td>2311 \$100</td><td>Examination Fee</td><td style="text-align: right;">\$0</td></tr> <tr><td>1005 \$200</td><td>2005 \$100</td><td>Provisional Filing Fee</td><td></td></tr> <tr><td>1085 \$250</td><td>2085 \$125</td><td>Provisional Size Fee</td><td></td></tr> <tr><td colspan="4">(for each additional 50 sheets that exceeds 100 sheets)</td></tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">\$0</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from Fee Paid Below</th> <th style="text-align: right;">Fee</th> </tr> </thead> <tbody> <tr><td>Independent</td><td>-20** = X</td><td>=</td><td style="text-align: right;">\$</td></tr> <tr><td>Claims</td><td>-3** = X</td><td>=</td><td style="text-align: right;">\$</td></tr> <tr><td>Multiple Dependent</td><td>X 180</td><td>=</td><td style="text-align: right;">\$</td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee</th> </tr> <tr> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202 \$50</td><td>2202 \$25</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201 \$200</td><td>2201 \$100</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203 \$360</td><td>2203 \$180</td><td>Multiple dependent claim, if not paid.</td><td></td></tr> <tr><td>1204 \$88</td><td>2204 \$44</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205 \$18</td><td>2205 \$9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p>APPLICATION SIZE FEE \$ _____</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;">1081 \$250</td> <td style="width: 10%;">2081 \$125.00</td> <td style="width: 70%;">For each additional 50 sheets that exceed 100 sheets, including specification and drawings</td> <td style="width: 10%;"></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td colspan="3">(Include total of Claims Fees and Size Fee here)</td> <td></td> </tr> </tbody> </table> | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee | Fee | | | 1001 \$300 | 2001 \$150 | Basic Filing fee | \$0 | 1004 \$300 | 2004 \$150 | Reissue Filing fee | \$ | 1111 \$500 | 2111 \$250 | Search Fee | \$0 | 1311 \$200 | 2311 \$100 | Examination Fee | \$0 | 1005 \$200 | 2005 \$100 | Provisional Filing Fee | | 1085 \$250 | 2085 \$125 | Provisional Size Fee | | (for each additional 50 sheets that exceeds 100 sheets) | | | | SUBTOTAL (1) | | | \$0 | Total Claims | Extra Claims | Fee from Fee Paid Below | Fee | Independent | -20** = X | = | \$ | Claims | -3** = X | = | \$ | Multiple Dependent | X 180 | = | \$ | Large Entity | Small Entity | Fee Description | Fee | Fee | Fee | | | 1202 \$50 | 2202 \$25 | Claims in excess of 20 | | 1201 \$200 | 2201 \$100 | Independent claims in excess of 3 | | 1203 \$360 | 2203 \$180 | Multiple dependent claim, if not paid. | | 1204 \$88 | 2204 \$44 | ** Reissue independent claims over original patent | | 1205 \$18 | 2205 \$9 | ** Reissue claims in excess of 20 and over original patent | | 1081 \$250 | 2081 \$125.00 | For each additional 50 sheets that exceed 100 sheets, including specification and drawings | | SUBTOTAL (2) | | | \$0 | (Include total of Claims Fees and Size Fee here) | | | | SUBMITTED BY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Printed Name: Robert P. Santandrea</td> <td style="width: 50%; padding: 5px;">Reg. No. 45,072</td> </tr> <tr> <td style="padding: 5px;">Signature: </td> <td style="padding: 5px;">Date: 3/30/05</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Telephone (505) 667-3766</td> </tr> </table> | | Printed Name: Robert P. Santandrea | Reg. No. 45,072 | Signature: | Date: 3/30/05 | | Telephone (505) 667-3766 | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 \$300 | 2001 \$150 | Basic Filing fee | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 \$300 | 2004 \$150 | Reissue Filing fee | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1111 \$500 | 2111 \$250 | Search Fee | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1311 \$200 | 2311 \$100 | Examination Fee | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 \$200 | 2005 \$100 | Provisional Filing Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1085 \$250 | 2085 \$125 | Provisional Size Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (for each additional 50 sheets that exceeds 100 sheets) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from Fee Paid Below | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent | -20** = X | = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims | -3** = X | = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | X 180 | = | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 \$50 | 2202 \$25 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 \$200 | 2201 \$100 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 \$360 | 2203 \$180 | Multiple dependent claim, if not paid. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 \$88 | 2204 \$44 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 \$18 | 2205 \$9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1081 \$250 | 2081 \$125.00 | For each additional 50 sheets that exceed 100 sheets, including specification and drawings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Include total of Claims Fees and Size Fee here) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: Robert P. Santandrea | Reg. No. 45,072 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | Date: 3/30/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Telephone (505) 667-3766 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert H. Kraus

Docket No.: S-94,769

Serial No.: 09/995,304

Examiner: Do, Pensee T.

Filed : November 27, 2001

Art Unit: 1641

For : BIOASSAY AND BIOMOLECULAR IDENTIFICATION, SORTING, AND
COLLECTION METHODS USING MAGNETIC MICROSPHERES

Customer No. 35068

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450AMENDMENT/RESPONSE

Sir:

In response to the Office Action dated October 6, 2004, please enter the following amendments to the Specification and Claims, and consider the accompanying remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks/Arguments begin on page 13 of this paper.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

☒ transmitted by facsimile to the
United States Patent and Trademark Office


SignatureDate March 30, 2005Robert P. Santandrea
(type or print name of person certifying)